



In re Application of:

Docket No. 01807.001457.

FÉLIX HENRY

Application No.: 09/734,920

Examiner: J. Wu

Filed: December 13, 2000

Group Art Unit: 2623

For: DIGITAL SIGNAL CODING WITH DIVISION  
INTO TILES

Date: May 20, 2004

Mail Stop: Amendment  
The Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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JUN 01 2004

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED                              |  |       |  |                         |                |                   |
|--|--|-------|--|-------------------------|----------------|-------------------|
|  | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA | RATE           | ADDITIONAL<br>FEE |
| TOTAL<br>CLAIMS                                | * 72   | MINUS | ** 72  | = 0                     | x \$9<br>\$18  | \$0               |
| INDEP.<br>CLAIMS                               | * 4  | MINUS | *** 4  | = 0                     | x \$43<br>\$86 | \$0               |
| Fee for Multiple Dependent claims \$145°/\$290 |  |       |  |                         |                |                   |
| TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT---  |  |       |  |                         |                | \$0               |

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

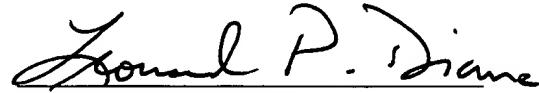
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

A check in the amount of \$ \_\_\_\_\_ is enclosed.

- A check in the amount of \$\_\_\_\_\_ is enclosed.
- Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- A check in the amount of \$ 110.00 to cover the fee for a one-month extension is enclosed.
- A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Attorney for Applicant

Registration No. 29,296

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

Form #120

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